

Internal Revenue Service**Department of the Treasury**

Date:

Taxpayer Identification Number:

Name of Plan:

Plan Number:

Plan Year(s) Ending:

Person to Contact/ID Number:

Contact Telephone Number:

FAX:

Return Reply to: IRS/EPCU

Dear Sir or Madam:

This letter is being sent to you because our records show that the plan referenced above had investments in insurance contracts and/or annuities as indicated on Schedule A (Insurance Information) filed with your Form 5500 (Annual Return/Report of Employee Benefit Plan) or your Form 5500-EZ [Annual Return for One-Participant (Owners and Their Spouses) Retirement Plan] for the year referenced above. This letter constitutes a compliance check. A compliance check is not an audit or investigation under §7605(b) of the Internal Revenue Code or an audit under §530 of the Revenue Act of 1978.

Please provide the following information:

- 1) Indicate whether you have a plan defined in §412(i) of the Internal Revenue Code. Such a plan is funded entirely by the purchase of individual insurance contracts or annuities with level annual premium payments.
- 2) Indicate whether your plan is funded by annuities, insurance contracts or a combination thereof.
- 3) Indicate the amount of the death benefit relative to the amount of the retirement benefit provided in your plan for each participant, including the face amount of insurance value(s). If the death benefit under the insurance policy differs from that provided under the plan, please indicate this and provide the amount.
- 4) Indicate whether you have a listed transaction under Revenue Ruling 2004-20 and if so, whether you filed the Form 8886 (Reportable Transaction Disclosure Statement). This ruling provides a policy with excess death benefits of \$100,000 or more is a listed transaction if the plan sponsor took a tax deduction for the policy premium(s).
- 5) Provide the name(s) of the person (including the Company) from whom the annuities and/or insurance contracts were purchased

You may also furnish any other documents or clarifying material that you believe will be helpful for us to review. Failure to provide this information could result in further action or examination of your plan.

If you would like someone to represent the plan during this compliance check, you must submit a written power of attorney. Form 2848, Power of Attorney and Declaration of Representative, may be used for this purpose.

Please FAX or send your reply within 15 days from the date of this letter to the above referenced FAX number or address. If you have questions, please contact me at the number referenced above. Thank you for your cooperation

Sincerely,

Enclosure:
Return Envelope